U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

Woodhouse

1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

File #034-498
Painters AFL-CIO

P.O. LU #681



01 /01/04 Through: 12/31/04

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Nama Marshall PTCr. Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 8174 7.b. Amount. Street City Focksdr State ZIP Code + 4 55933 Signature A. Held an interest in, engaged in transactions (including trade name, if any). 7.a. Nature of interest, Transaction, or income. 7.a. Nature of interest, Transaction, or income. 7.b. Amount. Street City Focksdr State ZIP Code + 4 55933 Signature A. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 7-20-05 507-529-0155	Street 2114 Valleyligh Dr N.W.	11 Fourth Street S.E. Stree Rochester, MN 55904
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Marshall PTG- InC. Trade Name, if any: P.O. Box, Bidg., Room No., if any PO Box 8174 Street City Fochsider State ZIP Code + 4 ST93 Signature At Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed At Marshall On 7-20-05 507-529-0155	city Ruchester	City
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And the section an employer whose employees your organization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 8. Signature 15. Signature and verification. The undersigned declares, under penalty of Perjuny and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signature On 7-20-05 507-529-015	Enter appropriate data below if, during the past fiscal year, you or your sport (except as specified in the exclusion).	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
Name Marshall PTG. Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 8174 7.b. Amount. Street City focksdcr State Mw ZIP Code + 4 55903 Signature Add the applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Add Ward On 7-20-08 507-529-0/58	A. Held an interest in, engaged in transactions (Including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represent.
Trade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 8174 7.b. Amount. Street City focus for State Mw ZIP Code + 4 55903 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Add Madden State	6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Street City Fochester State Mw ZIP Code + 4 55 90 3 Signature Mw Signature Mw Signature Mw Signature Mw Signature Mw Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Mw	· i	
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Signature Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 7-20-08 507-529-0158	Street	
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submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On 7-20-08 507-529-0158	Signature Al WK	
101-32 1-0138	submitted in this report (including the information contained in any accompany)	or documents) has been examined by the constant and in to the best of the
respitote nultipel	Signed Al Carl	On 7-20-05 507-529-0/58 Date Telephone Number

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bidg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
3.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.